

**CalWORKs EXEMPTION REQUEST FOR WELFARE-TO-WORK TEEN PARENTS***PLEASE PRINT*

YOUR NAME		<b>COUNTY USE ONLY</b>	
ADDRESS	STREET	COUNTY	
CITY	ZIP	CASE NAME	
PHONE (     )		CASE NO.	OTHER ID NO.
WELFARE-TO-WORK WORKER NAME		WELFARE-TO-WORK WORKER PHONE NO.	

**QUESTIONS? ASK YOUR WELFARE-TO-WORK WORKER.****INSTRUCTIONS TO THE CLIENT:**

If you do not have a high school diploma or equivalent and you are a pregnant and/or parenting teen under 20 years old, you may be eligible for the exemptions listed below. If you answer "Yes" to any of these questions, you may be exempt for a month or longer from Welfare-to-Work participation. You may need to give information to help the county decide if you should be exempt. Please answer all of the questions. **The county cannot answer these questions for you. Please be sure to sign and date the bottom of this form.**

**YES    NO    Welfare-to-Work Participation Exemptions**

- |                          |                          |  |
|--------------------------|--------------------------|--|
| <input type="checkbox"/> | <input type="checkbox"/> | 1. Are you physically or mentally unable to participate in Welfare-to-Work Activities on a regular basis for at least 30 calendar days? Please provide any medical proof of your disability. |
| <input type="checkbox"/> | <input type="checkbox"/> | 2. Are you the nonparent caretaker of a child who is a dependent or ward of the court, or at risk of being placed in foster care?  |

**Domestic Abuse Waiver of Welfare-to-Work Participation**

If you or a family member are a past or present victim of domestic abuse and the county determines that your condition or situation prevents or impairs your ability to participate in Welfare-to-work activities, the county may waive the Welfare-to-Work participation requirements. you may contact your worker to request a domestic abuse waiver.

YOUR SIGNATURE	DATE
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**PLEASE SIGN AND DATE THIS FORM.**